FORM D

SEC Mail Processing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

Washington, DC

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPR	OVAL
OMB Number:	3235-0076
Expires:	
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hours per response. 16.00

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SEC USE ONLY							
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Name of Offering (check if this is an amendm	_	indicate change.)	
Green Screen Interactive Software, LLC 2007 Filing Under (Check box(es) that apply): Rul Type of Filing: New Filing Amendment	e 504 🔲 Rule 505 👿 Rule :	506 Section 4(6)	☐ ULOE
	A. BASIC IDENTIFICA	TION DATA	
1. Enter the information requested about the issue			
Name of Issuer (check if this is an amendment	and name has changed, and indi	icate change.)	08021820
Green Screen Interactive Softw	are, LLC		
Address of Executive Offices	(Number and Street, Cit	ty, State, Zip Code)	Telephone Number (Including Area Code)
575 Broadway, New York, NY 10012		k-	212-400-4848
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, C	OCESSED	Telephone Number (Including Area Code)
Brief Description of Business software development	٧٠ 🕢	AN 2 8 2008	
		THUMSÜN FINANCIAL X other (pi	ease specify): limited liability company
Actual or Estimated Date of Incorporation or Organia Jurisdiction of Incorporation or Organization: (Ente CN			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

5		-	A. BASIC IDE	ŅŢIJ	ICATION DATA		,		·
2. Enter the information re	quested for the fol	lowin	g.				 _		
			as been organized w						
• Each beneficial ow	ner having the pow	er to v	ote or dispose, or dir	ect the	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issu
Each executive off	icer and director o	f corp	orate issuers and of	corpo	rate general and man	aging	partners of	partne	ership issuers; and
Each general and r	nanaging partner o	f parti	nership issuers.						
Check Box(es) that Apply:	Promoter	×	Beneficial Owner	×	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, i Brant, Ryan A.	f individual)			<u> </u>					
Business or Residence Addre 575 Broadway, New York	ss (Number and , NY 10012	Street	. Citv. State. Zin Co	ode)					
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i Brant, Peter	if individual)					<u>,</u>			
Business or Residence Addre 0 Field Point Road, Gree			t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first. Cummings, Susan	if individual)						, <u>.</u>	., .	
Business or Residence Addre 575 Broadway, New York	•	Stree	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	X	Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Seremet, Mark	if individual)			<u> </u>				<u> </u>	
Business or Residence Address 575 Broadway, New York		Stree	t, City, State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·	-			· ·
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first. Fremed, David J.	if individual)		•						
Business or Residence Address 575 Broadway, New York		Stree	t, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner	X	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Gsell, Evan M.	if individual)			<u> </u>					
Business or Residence Addr 575 Broadway, New Yorl	ess (Number and (, NY 10012	Stree	t. Citv. State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, Atkins, Betsy	if individual)								
Business or Residence Addr 575 Broadway, New York		Stree	t, City, State, Zip Co	ode)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

			· ·	A. BASIC IDE	NTI	ICATION DATA				
2. Enter the information re										
· · · · · · · · · · · · · · · · · · ·				as been organized wi						
										s of equity securities of the issuer.
					corpo	rate general and man	aging	partners of	partne	rship issuers; and
 Each general and n 	nanagi	ing partner of	parti	nership issuers.						
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, it Fries, Ed	f indi	vidual)								
Business or Residence Addre 575 Broadway, New York,			Street	. City. State. Zin Co.	de)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer	X	Director		General and/or Managing Partner
Full Name (Last name first, i Wilson, Keith	f indi	vidual)	-		<u> </u>					
Business or Residence Addre 375 Broadway, New York,			Street	, City, State, Zip Co	de)					
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first. i Fine Arts Investors Corpo								··		
Business or Residence Addre 72 Cummings Point Road					de)					
Check Box(es) that Apply:		Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Radar IP Group, LLC	f indi	vidual)					•			
Business or Residence Addre 7444 East Desert Cove, S					de)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first. i	f indi	vidual)							-	
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	de)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)								
Business or Residence Addre	ess (Number and	Street	. Citv. State. Zip Co	de)	·		<u></u>		
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f indi	vidual)					· · · · · ·			
Business or Residence Addre	:ss (Number and	Street	t, City, State, Zip Co	ide)					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					B. II	NFORMATI	ON ABOU	T OFFERE	NG .					
1.	Has the	issuer sold	l, or does th	ne issuer in	itend to se	ll, to non-a	ccredited i	nvestors in	this offeri	ing?		Yes	No 🔀	
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.										4				
2. What is the minimum investment that will be accepted from any individual?									\$					
3										Yes Fe∂l	No			
 3. Does the offering permit joint ownership of a single unit?									اين					
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful Ga	l Name (rden Sta	Last name te Securitie	first. if indi 98	vidual)										
		Residence 138, Wall,		umber and	l Street, C	ity, State, Z	ip Code)				-			
Na	me of As	sociated Br	oker or De	aler							•			
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						······	
	(Check	"All States	or check	inđividual	States)	***************************************	************					All States		
	AL	AK	AZ	AR	◯X	CO	CT	DE	DC	FL	GA	HI	[ID]	
	IL	IN	X	KS	KY	LA	ME	MD	MA	MI	N _V	MS	MO	
	MT RI	NE SC	[NV]	NH TN	[X]	NM UT	N X VT	NC [VA]	ND WA	OH WV	OK WI	OR WY	PA PR	
	[KI]	[30]	נשט	IIV	□ / 2•1	[01]	<u> </u>	(VA)	(WA)	<u> </u>	ربين			
Full Name (Last name first, if individual)														
Bu	Business or Residence Address (Number and Street, City, State, Zin Code)													
Na	me of As	sociated Br	oker or De	aler										
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
(Check "All States" or check individual States)										States				
	ĀL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID.	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
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<u></u>			SD first, if ind			[01]					[**]			
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Bu	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)							
Na	me of As	sociated Bi	oker or De	aler										
Sta	ites in WI	nich Person	Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers						<u> </u>	
	(Check	"All States	s" or check	individual	States)				***************************************			☐ Al	States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL MT	IN NE	[A]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	12,500,000	\$8,359,945 \$
	EquityCommon_Units_and_Warrants	S	\$
	Common Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	S	
	Other (Specify,	5	\$
	Total	12,500,000	\$ 8,359,945
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	38	\$ 8,359,945
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_ 0
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		* _
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	_	§ 76,000
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	§ 320,000
	Other Expenses (identify)	₩	\$
	Total		§ 396,000

b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_12,104,000
5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	\$	
Purchase of real estate		
Purchase, rental or leasing and installation of machinery and equipment	s	_ 🗆 \$
Construction or leasing of plant buildings and facilities		_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	¬\$	□\$ 12,104,000
Repayment of indebtedness		
Working capital		
Other (specify):	\$	s
	\$	s
Column Totals	_ \$_	<u>\$ 12,104,0</u> 00
Total Payments Listed (column totals added)		2,104,000
D FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commist the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of I	sion, upon writte	ule 505, the following en request of its staff,
Issuer (Print or Type) Signature Freen Screen Interactive Software, LLC	Date	08
Name of Signer (Print or Type) Evan Gsell Title of Signer (Print or Type) Chief Operating Officer & General Control of Signer (Print or Type)	eral Counse	<u> </u>

- ATTENTION -